Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

Substitute for form 1449A/PTO

## INFORMATION DISCLOSURE STATEMENT BY APPLICANT

(use as many sheets as necessary)

Sheet 1 of 1

Complete if Known						
Application Number						
Filing Date						
First Named Inventor	Jean-Pierre PRATTE					
Group Art Unit						
Examiner Name						
Attorney Docket Number	703-B01.US					

U.S. PATENT DOCUMENTS						
Examiner Initials	Cite No. 1	U.S. Patent Document		Name of Patentee or Applicant	Date of Publication of	Pages, Columns, Lines, Where Relevant Passages or Relevant
		Number	Kind Code <sup>2</sup> (if known)	de <sup>2</sup> (if of Cited Document vn)	Cited Document MM-DD-YYYY	Figures Appear
		3,676,074		DAIGORO SHIBAYAMA et al.	07.11.1972	
		3,837,810		RICHARDS et al.	09.24.1974	
		3,845,939		WALDENVILLE	11.05.1974	
		4,072,494	ļ	GUJER	02.07.1978	
		4,204,959		KREUZBURG et al.	05.27.1980	
	-	5,591,635		YOUNG et al.	01.07.1997	
		5,776,768		SEYMOUR et al.	07.07.1998	
		5,875,979		WALTERS et al.	03.02.1999	
		5,890,664		CONANT, III	04.06.1999	
		5,981,270		ROBERTS et al.	11.09.1999	

FOREIGN PATENT DOCUMENTS							
Examiner	Cite No. 1	Foreign Patent Document		Name of Patentee or	Date of Publication of	Pages, Columns, Línes, Where Relevant Passages or Relevant	
Initials		Office <sup>3</sup>	Number <sup>4</sup>	Kind Code <sup>6</sup> (if known)	Applicant of Cited Document	Cited Document MM-DD-YYYY	Figures Appear
				,			
ł							

	,		
Examiner		Date	
Signature		Considered	
	1	l	

\*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time your are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

<sup>&</sup>lt;sup>1</sup> Unique citation designation number. <sup>2</sup> See attached Kinds of U.S. Patent Documents. <sup>3</sup> Enter Office that issued the document, by the two-letter code (WIPO) Standard ST.3). <sup>4</sup> For Japanese patent documents, the indication of the year of the reign of the Emperor must precede the serial number of the patent document. <sup>5</sup> Kind of document by the appropriate symbols as indicated on the document under WIPO Standard ST. 16 if possible. <sup>6</sup> Applicant is to place a check mark here if English language Translation is attached.

## **POWER OF ATTORNEY OR AUTHORIZATION OF AGENT**

Application Number	
Filing Date	
First Named Inventor	Jean-Pierre PRATTE
Group Art Unit	
Examiner Name	
Attorney Docket Number	

I her	I hereby appoint:  ☐ Practitioners at Customer Number  Place Customer Number Bar							
	Practitioners a	Practitioners at Customer Number				tomer Number Bar		
i.	OR				Coa	e Label Here		
×	Practitioner(s) named below:							
		Name		Registration Number				
	· ·	Thomas L. KAUTZ		28 726				
-	mulaur attarnas	(a) or agent(a) to present the	applicatio	an identified	shove and	to transact all		
		r(s) or agent(s) to prosecute the tent and Trademark Office conne			above, and	to transact all		
	•	respondence address for the ab	ove-iden	tified applicat	ion to:			
	The above-men	tioned Customer Number.						
OR		<del> </del>						
×	Firm or Individual Name	C/o HOLLAND & KNIG	HT LLF	•				
Addre		One East Broward Boule						
Addre	ess	P.O. Box 14070						
City		Fort Lauderdale	State	U.S.A.	ZIP	33302-4070		
Coun	try	FLORIDA (33301)	<del></del>					
Telep		954-525-1000	Fax					
_	the:							
_	Applicant	and afthe entire interest. Cap 23	, OCD 0 :	7.4				
	Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)							
SIGNATURE of Applicant or Assignee of Record								
Name Alain CHAMPAGNE President of 9087-7374 QUEBEC INC.								
Signature Claim Champagio								
Date 2 juilled 2003 (								
		inventors or assignees of record of the enti- lature is required, see below*.	re interest o	or their representa	itives are requ	ired. Submit multiple		
_	<del></del> -	forms are submitted.						